

## CLAIMS ONLY

Application Number

10/518365

Filing Date

Applicant(s)

03-29-07

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
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49									
50									
Total Indep			3						
Total Depend			15						
Total Claims			18						